

Prime Healthcare Services Limited

# Prime Healthcare Services Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Prime Healthcare Services Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care and medicines support. At the time of inspection, the service provided personal care to 18 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service:

Areas of potential risks to people were not always identified and appropriate risk assessments were not always in place. Some risk assessments lacked detail. This could result in people receiving unsafe care and we found a breach of regulation in respect of this.

Care support plans included information about information about people's medical background and social history. However, the information included in people's care plans was task-focused and lacked person centred guidance. We have made a recommendation in respect of this.

Recruitment processes helped to ensure that care workers assessed as safe to work with people were employed.

Appropriate medicines management and administration processes were in place.

People were protected from abuse. Staff had received training on how to safeguard people and were confident that if they raised any concerns with the registered manager, appropriate action would be taken.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback obtained from relatives was generally positive. They told us they were confident that people were safe in the presence of care workers. They told us that care workers were caring, kind and respectful. People's privacy, dignity and independence was respected and promoted.

There was a complaints policy and procedure in place.

Staff told us they were well supported by management. They were confident that the registered manager would listen and address any concerns if they raised them.

The service had introduced a system in place to monitor the quality of the service being provided to people. However, this had not yet been embedded in practice. We found that the service had failed to identify deficiencies we found in relation to risk assessments and have made a recommendation in respect of this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The service was registered with us on 5 January 2022 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and will take further action if needed.

We have identified one breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Prime Healthcare Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Prime Healthcare Services Limited is a domiciliary care agency registered to provide personal care to people in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit. s

We visited the office location on 21 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

During the site visit we met and spoke with the registered manager.

We viewed a range of records. We looked at care records for five people and a sample of medicines records. We also looked at six staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

The majority of people who received care from the service were not able to speak with us. We therefore spoke with people's relatives. We spoke with eleven relatives. We also spoke with four care workers and we obtained feedback from one care professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Potential risks to people's safety were not always assessed appropriately. People's care records included risk assessments which included the environment, diabetes and depression. However, we noted that some of these contained limited information about how to mitigate risks. We also found some areas of risks to people were not identified. One person was at risk of forgetting to take their medicine, but there was no risk assessment in place addressing this. Another person used a walking frame due to limited mobility but there was no risk assessment to help manage the associated risks related to the use of this equipment. Another person was prescribed a blood thinner medicine, however at the time of the site visit there was not an appropriate risk assessment in place. Following the site visit, the registered manager sent us this risk assessment.
- Risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with registered manager who explained that they would take action to ensure that risk assessments with the appropriate level of detail were in place for each person. We will follow this up at the next inspection.

### Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. The registered manager confirmed that there had been no incidents or accidents since the service started operating.
- We looked at the incident/accident form template and saw that this included details of the nature of the incident/accident. However, the template did not include a section for recording details about the immediate actions taken, the outcome and any follow up actions and lessons to be learnt. We discussed this with the registered manager who confirmed that the documentation would be updated to include such information.

### Staffing and recruitment

- The service completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- People received care from the same group of care workers and therefore received consistency in terms of their care.
- The registered manager monitored staff punctuality and attendance through time sheets and regular review meetings with people and relatives. Feedback obtained indicated that there were no major issues with punctuality and attendance.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Systems were in place to safeguard people from harm and abuse.
- When asked whether they felt people were safe in the presence of care workers, one relative told us, "Most definitely, [the care worker] we have now is just lovely." Another relative told us, "Yes, my relative is definitely safe with them." Another relative said, "They are very helpful, sort out any issues quickly, and I feel comfortable knowing they are looking in on my relative."
- Staff completed safeguarding training. Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and including how to report any concerns immediately to the local authority and CQC.

#### Using medicines safely

- The service assisted three people with medicines support. People's medicine support needs were documented in their care plan including the list of medicines prescribed.
- Staff recorded medicine administration on paper medicine administration records (MARs). The registered manager explained they had plans to move towards an electronic medication administration recording system in the future.
- The registered manager explained that the service had recently started providing medicines support to people and therefore there was a limited sample of completed MARs available. MARs we reviewed included details of the medicine prescribed, details of the strength of medicines and when the medicines were to be taken. MARs were completed with no unexplained gaps which indicated that medicines prescribed had been administered.
- Staff were trained in the safe administration of medicines and their competency was checked.

#### Preventing and controlling infection

- Systems were in place to ensure people and staff remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. Staff told us they used PPE effectively and had access to an adequate supply.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment of each person's physical and mental health on admission. This then formed the basis for care plans.
- Care plans included details of people's needs, including their cultural, religious, dietary, and preferences. Care workers were able to use care plans to ensure they provided care and services in line with what people wanted.
- People's care was based on current guidance and standards. The service had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.

Staff support: induction, training, skills and experience

- People received care and support from staff who completed relevant training and were supported by management. There was a programme of training in place to help ensure care workers had the necessary skills to support people. Training records showed staff had completed training in various areas such as on first aid, health and safety, safeguarding, dementia awareness and moving and handling.
- Staff spoke positively about the training they had received. One member of staff said, "The training has been helpful." Another member of staff said, "The training was in person training. I prefer this to on-line. I could ask questions and learned more this way."
- The registered manager had oversight of the training completed so that he could monitor when updates were required.
- Care workers were not yet due an appraisal at the time of the inspection. The registered manager confirmed that these would be carried out in due course. We saw evidence that care workers received supervision and this provided staff with an opportunity to raise queries and discuss their progress. Care workers told us that the registered manager was supportive and always available to help.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of this inspection, the service did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs where appropriate. Staff had completed food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care workers were not directly involved in people's healthcare needs. However, care plans showed healthcare formed part of their initial assessments, which were taken into consideration before support

started.

- The service monitored people's on-going health conditions and sought assistance for them as required. One relative told us, "They always bring to my attention anything they may have observed when providing personal care for my relative."
- Care workers were able to give examples of how well they knew the people they supported which enabled them to immediately observe changes in people's health and access appropriate support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us the majority of people they supported required some assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the MCA.
- Care workers had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- Care workers understood they should seek consent before giving care and encouraged people to make choices for themselves.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by care workers that were caring, considerate and kind. One relative told us, "[Care workers] are all kind and caring." Another relative said, "They actually treat my relative as if they were their family."
- Wherever possible, people were provided with consistent care workers who got to know them, and those important to them well. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One relative said, "Communication is good."
- People's protected characteristics such as their age, ethnicity and disability were taken into account when providing support to them. People and care workers were matched according to their individual preferences as well as their language requirements.
- People were supported with their individual needs. The service respected people's diversity. Care workers had completed equality and inclusion training.
- The registered manager explained to us that they encouraged people and their relatives to be open about their personal needs in relation to their religion and cultural background. Some people required their care worker to provide care at different times than normal for religious reasons. The registered manager explained that they always tried to ensure they accommodated people's requests. The registered manager also told us that some people required assistance with their religious prayers and care workers were able to help people with this.

Supporting people to express their views and be involved in making decisions about their care.

- Details of people's interests and important things in their life had been included in their care plans.
- People and those acting on their behalf were encouraged to express their views about the care.

Respecting and promoting people's privacy, dignity and independence

- Care workers took account of the need to maintain people's independence as much as possible. Care workers we spoke with were aware of the importance of dignity and privacy and knew how to support people with dignity and respect. Feedback from relatives indicated that care workers were respectful of people's privacy and dignity.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. Care records and files including information about staff were held securely in the office and electronically.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than

those involved in their care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care support plans were in place. These included information about people's medical background and social history. They also included information about people's personal circumstances such as their living arrangements, general day to day living, family and friend involvement and hobbies. However, we found there was limited information in these about the support people required from care workers. Information in people's care plans was task-focused and lacked person specific instructions about how they wanted their care to be delivered. For example, one person's care plan stated, 'Care worker to assist with personal care; care worker to assist client with washing and dressing, care worker to assist client with transfer'.
- Care plans did not evidence a discussion surrounding end of life wishes had been considered. We raised this with the registered manager who explained that as part of their review of care plans, such discussion would be documented where appropriate.

We recommend the provider considers current guidance about developing personalised care plans that meet people's individual needs and supports them to achieve the outcomes they want for themselves.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care support plans included some information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager advised that the service had not received any complaints since it was registered with the CQC.
- The complaints policy included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

- Feedback indicated that people and relatives knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative told us, "They're really responsive, even though they may be too busy to answer the phone, they will respond by text and phone me back later. They always get back to me." Another relative said, "I think it's reasonably well run. They respond if you raise something."
- Staff we spoke with told us they wouldn't hesitate to raise concerns with management and were confident that they would be listened to.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care from the service.
- Care plans did contain sufficient evidence about people's end of life wishes. We have addressed this above and made a recommendation in relation to this.
- The training matrix indicated that staff had completed end of life training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of the inspection, the service had recently started providing care to the majority of people so care workers were still in the process of getting to know people and establishing relationships. As a result of this, the registered manager explained that he was able to have overall oversight over how the service operated due to the size.
- The registered manager was in the process of formalising checks and audits. We found that some audits and checks had been introduced but not all of these had been fully implemented and established yet. Management carried out some checks which included staff files, training records and medicines management. However, some of these were fully documented and some lacked detail. Whilst some audits were in place, these had not all been embedded in practice.
- At the time of this inspection, we found deficiencies in relation to risk assessments. The service's checks and audits had failed to identify the issues found with regards to this.

We recommend that the service seeks advice from a reputable source about implementing and developing robust audit systems.

- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Spot checks on care workers were carried out to monitor how they were providing care, their punctuality and professionalism. We saw documented evidence of this. We noted that these had not yet been carried out consistently for all staff. We raised this with the registered manager who confirmed that some staff had recently started working for the service and the registered manager was in the process of ensuring these were carried out consistently.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they welcomed feedback and would use this to make improvements to the service.
- Care workers spoke positively about their working environment and said they enjoyed working at the service. They were also complimentary about the registered manager. One care worker told us, "It is good working here. The manager is brilliant. Whenever I need him he is always available for advice." Another care worker said, "It is very nice working here. [The registered manager] is a good manager. He is very supportive.

He is always kind and patient. Communication is good."

- When asked about management of the service, relatives spoke positively about how the service was operating. They told us that they were confident with how the service operated and said it was well-led. One relative said, "I think [the registered manager] is the manager, he is very good, very approachable." Another registered manager, "Yes, I have confidence in [the registered manager]."
- The registered manager explained that they did not plan to expand too quickly. He said, "We want to build a robust, meticulous and structured system for the organisation. I believe that slow and steady wins the race."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through telephone calls to improve the service where needed.
- Where required, the service communicated and worked in partnership with external parties.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed effectively.  Regulation 12 (1)